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PTO/SB/05 (05-03)

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U.S. PTO
10/713324



UTILITY PATENT APPLICATION TRANSMITTAL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Attorney Docket No.</td> <td>5259-000033</td> </tr> <tr> <td>First Inventor</td> <td>Hitoshi Hayashi, et al.</td> </tr> <tr> <td>Title</td> <td>ADVERTISEMENT EFFECT ANALYZING METHOD AND ADVERTISING SYSTEM</td> </tr> <tr> <td>Express Mail Label No.</td> <td>EL 623 312 728, US</td> </tr> </table>	Attorney Docket No.	5259-000033	First Inventor	Hitoshi Hayashi, et al.	Title	ADVERTISEMENT EFFECT ANALYZING METHOD AND ADVERTISING SYSTEM	Express Mail Label No.	EL 623 312 728, US
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Title	ADVERTISEMENT EFFECT ANALYZING METHOD AND ADVERTISING SYSTEM								
Express Mail Label No.	EL 623 312 728, US								
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))									

<p style="text-align: center;">APPLICATION ELEMENTS</p> <p style="font-size: x-small;">See MPEP chapter 600 concerning utility patent application contents.</p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification (Total Pages 44) <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> - Descriptive title of the Invention <input checked="" type="checkbox"/> Specification filed in English - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 7]</p> <p>5. Oath or Declaration [Total Pages]</p> <p style="padding-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="padding-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i></p> <p style="padding-left: 20px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p style="text-align: center;">ADDRESS TO:</p> <p style="font-size: x-small;">Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>)</p> <p style="padding-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p style="padding-left: 20px;">b. Specification Sequence Listing on:</p> <p style="padding-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p style="padding-left: 40px;">ii. <input type="checkbox"/> paper</p> <p style="padding-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p style="text-align: center;">ACCOMPANYING APPLICATIONS PARTS</p> <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation
 ☐ Divisional
 ☐ Continuation-in-part (CIP)
 of prior application No: _____ / _____
 Prior application information: Examiner: _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		27572		or <input type="checkbox"/> Correspondence address below	
(Insert Customer No. or Attach bar code label here)					
Name	Harness, Dickey & Pierce, P.L.C. Gregory A. Stobbs				
Address	P.O. Box 828				
City	Bloomfield Hills	State	MI	Zip Code	48303
Country	United States of America	Telephone	248-641-1600	Fax	248-641-0270

Name (Print/Type)	Timothy D. MacIntyre	Registration No. (Attorney/Agent)	42,824
Signature			Date November 14, 2003

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="margin: 5px 0 0 40px;"><i>Patent fees are subject to annual revision.</i></p>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number _____ Filing Date _____ Herewith First Named Inventor _____ Hitoshi Hayashi, et al. Examiner Name _____ Art Unit _____ Attorney Docket No. _____ 5259-000033	
TOTAL AMOUNT OF PAYMENT (\$) 806			

METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order <input type="checkbox"/> Deposit Account: <div style="margin-top: 10px;"> Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, P.L.C. </div> <p>The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>					FEE CALCULATION (continued) 3. ADDITIONAL FEES																																																																																																																																																																																																																																																
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2. EXTRA CLAIM FEES <table style="width: 100%;"> <tr> <td>Total Claims</td> <td style="border: 1px solid black; text-align: center;">22</td> <td>-20 **</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>X</td> <td style="border: 1px solid black; text-align: center;">18</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">36</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black; text-align: center;">2</td> <td>-3 **</td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> <td>X</td> <td style="border: 1px solid black; text-align: center;"></td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td style="border: 1px solid black; text-align: center;"></td> <td>X</td> <td style="border: 1px solid black; text-align: center;"></td> <td>=</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: center;">(\$ 36)</td> </tr> </tbody> </table> <p style="margin-top: 10px;">**or number previously paid, if greater; For Reissues, see above</p>					Total Claims	22	-20 **	=	2	X	18	=	36	Independent Claims	2	-3 **	=	0	X		=	0	Multiple Dependent					X		=	0	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$ 36)																																																																																																																																																																								
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Timothy D. MacIntyre	Registration No. Attorney/Agent	42,824	Telephone	(248) 641-1600
Signature				Date	November 14, 2003

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